

**HUMAN RIGHTS COMMITTEE  
NOMINATION FORM**

**Date Form Completed** \_\_\_\_\_

**Region to be considered for:**

- Maricopa County
- Pima County
- Northern Arizona
- Southeastern Arizona
- Western Arizona
- Arizona State Hospital
- Pinal/Gila

**Role or area of expertise:**

- Consumer of behavioral health services
- Parent of child receiving services
- Family member of a consumer
- Education
- Special Education
- Law
- Social Work
- Medicine
- Psychology
- Behavioral Health

**Nominee Information:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Thank you for your interest in becoming a Human Rights Committee member.**

Please include any information regarding experience, degree, and/or other qualifications you have that are related to the role/area of expertise you have noted on this nomination form. (or attach resume or curricula vitae): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*Please complete Conflict of Interest on reverse side of this form.

If you have any questions about human rights committees or the appointment process for members, please call Karen Smith at 602-364-4577 or 1-800-421-2124.

**Conflict of Interest**

For the purpose of the Human Rights Committee, a conflict of interest is defined as having a personal, professional or financial relationship or interest making it difficult to fulfill the duties of the committee impartially.

\_\_\_\_\_ I do not have a conflict of interest.

\*\_\_\_\_\_I have a potential conflict of interest due to:

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\*Identifying a potential conflict of interest does not necessarily preclude you from being a committee member.

**Please submit this completed nomination form to:**

Karen Smith, Human Rights Committee Coordinator  
ADHS/DBHS Bureau for Consumer Rights  
150 N. 18<sup>th</sup> Ave. Ste. 210  
Phoenix, Arizona 85007  
or Fax (602) 364-4590